

Exhibit 4

Mail to: P.O. Box 308
Trenton, NJ 08646STATE OF NEW JERSEY
DIVISION OF REVENUEOvernight to: 33 West State St.
5th Floor
Trenton, NJ 08608-1214**"FEE REQUIRED"****PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY**

Fill out all information below INCLUDING INFORMATION FOR ITEM 11, and sign in the space provided. Please note that once filed, this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the filed form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

1. Business Name:

CACH, LLC2. Type of Business Entity: **F L C**

(See Instructions for Codes, Page 21, Item 2)

3. Business Purpose: **Debt Purchaser**

(See Instructions, Page 22, Item 3)

4. Stock (Domestic Corporations only; LLCs and Non-Profit leave blank):

5. Duration (If Indefinite or Perpetual, leave blank):

FLC

6. State of Formation/Incorporation (Foreign Entities Only):

COLORADO

7. Date of Formation/Incorporation (Foreign Entities Only):

3/21/2005**FILED**

8. Contact Information:

Registered Agent Name:

Corporation Service Company**JUL 14 2017**

Registered Office:

(Must be a New Jersey street address)

Princeton S. Corporate Ctr, Ste 160Street **100 Charles Ewing Blvd**City **Ewing**Zip **08628**

Main Business or Principal Business Address:

Street **625 Pilot Road, Suite 21**City **Las Vegas**State **NV**Zip **89119****STATE TREASURER**

9. Management (Domestic Corporations and Limited Partnerships Only)

- For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

0600443106

Name

Street Address

City

State

Zip

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

10. Incorporators (Domestic Corporations Only, minimum of 1)

Name

Street Address

City

State

Zip

Signature(s) for the Public Record (See Instructions for Information on Signature Requirements)

Signature

Name

Title

Date

Lewis Jackson Walker, III**Vice President & Secretary****7/12/2017****5/20/17**
5/20/17